

TO: STATE CONTROLLER, PPSD
PAYROLL SERVICES SECTION

INSTRUCTIONS:
Each Payroll Header Description is limited to 30 characters on each line 1 through 7. Items 1, 2,3, 5 and 6 under IDENTIFICATION must be completed. Complete item 4 if applicable. Do not complete item 7 or Uniform Account Code--SCO use only.

| IDENTIFICATION | | | | TYPE CHANGE DESCRIPTION | | PAYROLL HEADER DESCRIPTION (LIMIT 30 CHARACTERS--LINES 1 THROUGH 7) | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------------------------|-------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Fiscal Year (Ending Fiscal Year - CCYY) | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 2. Payroll Agency Code | | | | | 2 | | | | | | | | | | | | | | | | | | | | | |
| 3. Reporting Unit Code | | | | | 3 | | | | | | | | | | | | | | | | | | | | | |
| 4. Budget Function Code (if applicable) | | | | | 4 | | | | | | | | | | | | | | | | | | | | | |
| 5. Effective/Abolishment Date (CCYYMM) | | | | | 5 | | | | | | | | | | | | | | | | | | | | | |
| 6. Transaction Type: | | | Establish | A | | 6 | | | | | | | | | | | | | | | | | | | | |
| | | | Change | C | | 7 | | | | | | | | | | | | | | | | | | | | |
| | | | Abolish | E | | REMARKS | | | | | | | | | | | | | | | | | | | | |
| | | | Reestablish Abolished Header | R | | | | | | | | | | | | | | | | | | | | | | |
| | | | Delete | D | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Type Change/Line Number | | | | | | | | | | | | | | | | | | | | | | | | | | |

| UNIFORM ACCOUNT CODE | | | | | | | | | | | | | | | | |
|----------------------|-----|--------|-------------|---|----------------|------------------------|------|---|-----|------|------|------|------|-------------|---------|--|
| FUND | | AGENCY | FISCAL YEAR | M | REFERENCE ITEM | FEDERAL CATALOG NUMBER | PROJ | C | CAT | PROG | ELEM | COMP | TASK | S C O | REVENUE | |
| FUND | SUB | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

I hereby certify upon my personal knowledge that there are unencumbered balances in the budget allotment added or changed above.

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| AUTHORIZED SIGNATURE | DATE SIGNED | TELEPHONE NUMBER |
| | | |